

**ARKANSAS DEVELOPMENT  
FINANCE AUTHORITY**

**HOMEOWNER  
PROGRAM**

**Rehabilitation and New Construction**

**APPLICATION**

**PART I**

**JULY, 2001**

**HOME Investment Partnerships Program**



## **INSTRUCTIONS FOR SUBMITTING PROGRAM APPLICATIONS**

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WHEN you submit your completed application, please follow these instructions:

1. Submit one (1) signed original application, together with supporting documents. Submit application to:  
  
HOME Committee  
Arkansas Development Finance Authority  
Post Office Box 8023  
Little Rock, Arkansas 72203
  
2. A copy of the application, along with a completed FORM 424, must also be submitted to the State Clearinghouse. If the applicant is not a state agency, a copy of this same information must also be submitted to the appropriate Areawide Clearinghouse. The address of the State Clearinghouse is:  
  
State Clearinghouse  
1515 Building, Room 417  
Little Rock, Arkansas 72201
  
3. Please retain a copy of the full application for your files.
  
4. Answer all questions. If not applicable to your program, mark " NA."
  
5. Use and include check list.
  
6. ONLY MATERIALS submitted on the enclosed forms (or copies of the forms) will be accepted for review. Others will be returned. Use only forms provided and additional sheets as necessary. Failure to comply may result in disqualification.
  
7. Incomplete applications will be returned and may result in disqualification.
  
8. CHDOs and non-profits with no housing development experience must submit a consultant's training plan.
  
9. Secure application with a binder clip -- do not insert application in any notebook, hard back cover or use acco fasteners or any other permanent means of fastening.

**Homeowner Program  
APPLICATION CHECKLIST**

Completed applications should contain the following documentation and attachments. Check boxes on the left below to ensure enclosures, otherwise mark " NA.":

- ? ? 1. Completed and signed application (1 original)
- ? ? 2. Completed form 424 (See Part II of application for this form)
- ? ? 3. Evidence of Funding Commitments
- ? ? 4. Adopted Minority and Women's Owned Business enterprise Plan
- ? ? 5. Adopted Fair Housing Plan:
  - ? ? a. Affirmative Action Plan
  - ? ? b. Section 3 Plan
  - ? ? c. Fair Housing Plan
  - ? ? d. Fair Housing Ordinance
- ? ? 6. Cooperative Agreement (joint application)
- ? ? 7. Part II of Application (Identifying Individual Projects)

**ATTACHMENTS:**

- ? ? 1. Detailed Affordable Housing Experience
- ? ? 2. Financial Statement(s)
- ? ? 3. List Specific Housing Rehabilitation Projects
- ? ? 4. Most Recent Audit
- ? ? 5. Consultant Resume
- ? ? 6. Consultant Training Manual
- ? ? 7. Property Inspection Procedures
- ? ? 8. Additional Funding Commitments
- ? ? 9. Selection Criteria for homeowners
- ? ? 10. Community Support Letters ( Letter from the Mayor or official jurisdiction)
- ? ? 11. MBE/WBE Plan
- ? ? 12. Fair Housing Plan
- ? ? 13. Joint Application Agreement
- ? ? 14. Annual Monitoring Plan for Compliance
- ? ? 15. Administrative Budget FY 2002 (Non-Profits Only)
- ? ? 16. Request for Taxpayer Identification Number and Certification (IRS Form W-9)

?? 17. Contract and Grant Disclosure and Certification Form in accordance with Governor's Executive Order 98-04 (Form available at <http://www.state.ar.us/dfa/accounting/psc.html>)

### **Instructions for Completing the Application for HOME Assistance**

Block 1 - Applicant is the agency/city/county requesting HOME funds (i.e. the agency who will sign the HOME Contract of Agreement) Please fill out all information

Block 2 - Fill in all blanks for person completing the application (contact person)

Block 3 - If you are using a developer, enter the developers name, address and telephone here. Also give a brief summary of the type project you intend on doing (number of projects and units, type persons served, etc.)

Block 4 - Check which type of applicant you are, as listed in Block 1

Block 5 - Fill in all district information - ***DO NOT LEAVE BLANK!***

Block 6 - Fill in the amount of HOME funds requested, along with any other monies being used for this type of project, along with the percentage of each

Example: you have \$500,000 total funds available  
                  \$250,000 HOME funds for 50%  
                  \$ 50,000 State funds for 10%  
                  \$200,000 Private funds for 40%

Block 7 - Check which type project you are applying for

Block 8 - Chief Elected Local Official must read, sign and date this (Mayor, County Judge, City Manager, Chairman of the Board if a non-profit or CHDO)

***PLEASE NOTE: ALL BLOCKS MUST BE COMPLETED OR YOUR Application  
WILL BE RETURNED AND BE SUBJECT TO REJECTION***

**APPLICATION  
FOR  
HOME ASSISTANCE**

Applicant:

Address:

City/Zip Code:

Phone:

County:

Fax:

Internal Use Only:

Computer # \_\_\_\_\_

2. Application Preparer:

Address:

City/Zip Code:

Phone:

Fax:

? 2a. Owner/Developer:

? Address:

? City/Zip Code:

? Phone:

Fax:

3. Project Summary:

4. Type of Applicant: (check one)

\_\_\_\_ City    \_\_\_\_ Joint    \_\_\_\_ CHDO    \_\_\_\_ County    \_\_\_\_ Non-Profit

Other \_\_\_\_\_

List Minor Parties \_\_\_\_\_

5. State Senate District No.(s) \_\_\_\_\_  
Congressional District \_\_\_\_\_

State Representative District \_\_\_\_\_  
PDD \_\_\_\_\_

6. Total Project Budget:                      %    ?

a. HOME        \$ \_\_\_\_\_ ?

b. State        \$ \_\_\_\_\_ ?

c. Local        \$ \_\_\_\_\_ ?

d. Federal     \$ \_\_\_\_\_ ?

e. Private     \$ \_\_\_\_\_ ?

f. Total        \$ \_\_\_\_\_ ?

?

7. Check Applicable Project Type

??

\_\_\_\_ Homeowner Rehabilitation    \_\_\_\_ Units

8. Certification of Chief Elected Local Official or Chairman of the Board

To the best of my knowledge and belief, all data contained in this application is true and correct and its submission has been duly authorized by the governing body. I understand that if the application is found to contain significant misinformation or deviates significantly from the integrity of the HOME application process, this application will be returned and could result in disqualification.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**(ADFA HOME FORM 4000-98)**

## I. APPLICANT EXPERIENCE AND CAPACITY

1. Provide details of your experience in developing, rehabilitating or managing affordable housing similar to the types of activities you will be undertaking with HOME monies as Attachment 1. Include the following:

? Type of programs administered and/or utilized

- ( ) Rental Rehabilitation
- ( ) Owner-Occupied Rehabilitation
- ( ) Rental Assistance (to tenants)
- ( ) New Construction
- ( ) Home Ownership
- ( ) Other (explain)

? Affordable housing resources used

- ( ) CDBG
- ( ) HUD Rental Rehabilitation Program
- ( ) State Weatherization Programs
- ( ) Section 8 Rental Assistance
- ( ) Other

? Financial statements for last three years \*. Attachment 2.

? Specific housing rehabilitation projects completed in last 5 years (enclose a list with address, number of units, current status - single family scattered sites may be grouped as one project) Attachment 3.

? Give the average annual funding amount and annual number of units/households assisted with rehabilitation for the last 5 years. (if any)

? Any efforts which have included private sector financing or donations

? Any major audit findings concerning housing programs within the last 3 years and how these have been resolved. Enclose your most recent audit, if applying as a non profit or CHDO. Attachment 4.

\* *For New Applicants Only:* Those currently in the HOME Program or who have received funding within the last year, need only to include this information for the last year, i.e. most recent audit, financial statements, etc.

2. Describe housing production and other housing services experience provided by the following persons and their role in the project. Please note if each position will be a staff person or services provided by an outside consultant.

A. Program Administrator

- a. Name
- b. Experience

c. Role

B. Inspector (Ensures Section 8 Standards)

- a. Name
- b. Experience

c. Role

C. Financial Manager

- a. Name
- b. Experience

c. Role

D. Consultant (include resume') Attachments 5 and 6

- a. Name
- b. Experience

c. Role (enclose training plan if available)

#### E. Other Staff Members

- a. Name
- b. Experience

- c. Role

- a. Name
- b. Experience

- c. Role

- a. Name
- b. Experience

- c. Role

- a. Name
- b. Experience

- c. Role

- a. Name
- b. Experience



c. Role

3. Describe your procedures for qualifying local contractors (e.g., reviewing past construction experience, checking references, verifying license and insurance).
4. Describe your procedures for property inspections. Who will be responsible for the inspections. Submit a copy of your property inspection form to be completed on each project. Attachment 7.

5. FINANCIAL CONSIDERATIONS

The following will be used to better understand the applicant's request for the amount of HOME funds shown on the application. Additionally, this section will illustrate the applicant's level of leveraging commitment.

Identify the total funds required from non-HOME sources and amounts available. Include letters of commitments as evidence of funding as Attachment 8.

Non HOME Sources	Amounts	Amount Eligible As Match
a.	\$	
b.	\$	
c.	\$	
d.	\$	
	totals	\$

6. What is the leveraging percentage of HOME funds to total program cost?
7. Provide a detailed description of the terms of the HOME assistance requested. Terms, interest rates, repayment requirements, and security instruments to be used and other relevant information must be included. Please refer to the Program Guide to meet the repayment requirements and required lien documents. This will be in the section of Maximum per unit subsidy.
8. How will individual households be selected for participation in the program? Describe any eligibility criteria above requirements of the HOME Program and the basis for prioritizing pre-applications (i.e., first-come, first-serve, need based ranking, etc.) Attachment 9.

## 9. RELOCATION

Describe the anticipated temporary relocation activities, if any, associated with the proposed program.

## 10. COMMUNITY INVOLVEMENT

Describe efforts made to involve the community, including those residing in the units and the local unit of government (if not the applicant), in the development of this application for funding. Attach letters of support from community organizations, as Attachment 10. *Note: A letter of support from the highest local official of the affected unit of local government is required and must be submitted as part of the application. The letter must indicate that the proposed program is consistent with local plans and ordinances and there are no foreseeable barriers to implementing the program. The letter should also include a commitment to adopt, implement, and enforce local building codes. If there are properties in more than one county or city, a letter from each of the respective officials must be included.*

**11. MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE**

Has the applicant adopted the sample plan provided in the application or some similar document? If so indicate below and attach as Attachment 11.

**12. FAIR HOUSING**

Describe your plan to affirmatively further fair housing in your area. Attach any locally adopted fair housing plan or ordinances to the application as Attachment 12.

**13. CERTIFICATION**

See the following document.

## **Certification**

The undersigned is responsible for ensuring that the project complies with Title II of the National Affordable Housing Act of 1990 and the HOME Investment Partnerships Program regulations at 24 CFR Part 92. The undersigned is also responsible for ensuring that the project or program complies with administrative rules that the Arkansas Development Finance Authority (ADFA) may promulgate to govern the Program.

The undersigned hereby makes application to ADFA for HOME Program funds. The undersigned agrees that ADFA will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever their nature or kind (including, but not limited to attorney's fees, liquidation and court costs, amounts paid in settlement, and amounts paid to discharge judgment) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such funding request.

To the greatest extent feasible, opportunities for training and employment arising in connection with the planning and implementation of any project under any program of ADFA shall be given to minority individuals and women.

To the greatest extent feasible, and consistent with Arkansas and Federal Law, contracts for work to be performed in connection with any project under any program of the HOME Program shall be made available and awarded to businesses, including but not limited to those in the fields of finance, planning, consulting, design, architecture, marketing, building construction, property management and/or maintenance, which are owned, in whole or in part, by minority individuals and/or women, and low income residents of the area.

Any project under any program of ADFA shall be affirmatively marketed and available for occupancy by all persons regardless of race, national origin, religion, creed, sex, age, handicap, or family status. The undersigned will document the actions taken to affirmatively further fair housing.

The implementation of any project under any program of ADFA shall minimize the involuntary displacement of low-income households. Your signature on this pre-application indicates your receipt of this statement and your agreement to comply with ADFA's non-displacement in housing policy. You further agree to conform to the policy in every phase of the planning, implementation and operation.

Your signature below will indicate your receipt of this statement and agreement to comply with ADFA's equal employment opportunity and non-discrimination policies. Your signature will also indicate your understanding that ADFA's willingness to issue a commitment to you for HOME Program funds is conditioned upon your agreement to comply with these policies.

The undersigned, as the authorized representative certifies that upon receiving HOME funds for the construction, acquisition, preservation or management of a HOME assisted project that first preference for the occupancy of said project will be given to victims of federal or state designated disaster areas.

The undersigned, as an essential part of the application for allocation of HOME Program funds hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief.

Falsification of information supplied in this application may disqualify the project for HOME Program funds. The information given by the sponsor may be subject to verification by ADFA.

The sponsor has caused this document to be duly executed in its name on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

By:

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Authorized Name, Title

\_\_\_\_\_  
Signature